

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875

SERIAL NO. 09/830620

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61		1				
2		1					62		1				
3		1					63		1				
4		1					64		3				
5		1					65		3				
6		1					66		3				
7		1					67		3				
8		1					68		3				
9		1					69		3				
10		1					70		3				
11		2					71		3				
12		1					72		3				
13		2					73		3				
14		2					74		3				
15		2					75		3				
16		2					76	1					
17		2					77		1				
18		2					78		2				
19		2					79		2				
20		2					80	1					
21		2					81		1				
22		2					82		2				
23		2					83		2				
24		2					84	1					
25		2					85		1				
26		2					86		2				
27		2					87						
28		2					88						
29		2					89						
30		2					90						
31	1						91						
32		1					92						
33		1					93						
34		2					94						
35		2					95						
36		2					96						
37		2					96						
38		2					97						
39		2					97						
40		3					98						
41		3					98						
42		3					99						
43	1						99						
44		1					100						
45		1											
46		2											
47		2											
48		2											
49	1												
50		1											
TOTAL IND.	1						TOTAL IND.	8					
TOTAL DEP.		1					TOTAL DEP.		14				
TOTAL CLAIMS	1	1					TOTAL CLAIMS	22	14				